

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>12343</u>	2. Fiscal Year Covered From: <u>01/01/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>Dominick J. Ruggerio</u> P.O. Box, Bldg., Room No., if any _____ Street <u>226 South Main Street</u> City <u>Providence</u> State <u>RI</u> ZIP Code + 4 <u>02903</u>	3. Name, file number, and address of labor organization. Name <u>RI Laborers' District Council</u> Labor Organization File Number <u>065-842</u> P.O. Box, Building and Room Number, if any _____ Street <u>410 South Main Street</u> City <u>Providence</u> State <u>RI</u> ZIP Code + 4 <u>02903</u>
5. Position in labor organization. <u>Sergeant at Arms</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. <u>N/A</u>	
3. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income.   7.b. Amount. _____

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Dominick J. Ruggerio</u>	On <u>8/15/05</u> Date	<u>(401) 751-1011</u> Telephone Number

Name of Person Filing Dominick J. RuggerioFile Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name New England Laborers' Labor-  
Management Cooperation Trust

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 226 South Main StreetCity ProvidenceState RI ZIP Code + 4 02903

11.a. Nature of such dealing.

Employee of a benefit trust fund.  
(See attached paper)11.b. Approximate dollar value of such dealing. \$166,448.58

12.a. Nature of interest held or income received.

12.b. Amount

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. N/A

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment. \_\_\_\_\_

# Dominick J. Ruggerio

January, 2004 to December, 2004

Form LM-30  
Page 2, Item 11A

## 11 A) Employment Remuneration

<u>DESCRIPTION</u>	<u>AMOUNT</u>
<u>Salary</u>	124,917.88
<u>Benefits</u>	24,524.00
<u>Auto Lease</u>	9,352.62
<u>Gasoline</u>	2,147.40
<u>Wireless Phone</u>	1,546.84
<u>AAA</u>	48.00
<u>Conferences/Mtgs:</u>	
7/04 Educational Conference Expenses	913.50
8/04 Educational Conference Expenses	176.35
9/04 Educational Conference Expenses	1,543.89
12/04 Educational Conference Expenses	334.31
<u>Lunch/Meetings:</u>	
7/04 Various Luncheon Meetings	174.46
8/04 Various Luncheon Meetings	273.33
9/04 Various Luncheon Meetings	168.25
10/04 Various Luncheon Meetings	105.75
11/04 Various Luncheon Meetings	27.00
12/04 Various Luncheon Meetings	195.00
<b>TOTAL:</b>	<b>\$166,448.58</b>

Dominick J. Ruggerio

A handwritten signature in black ink, appearing to be 'DJR', written over a horizontal line.

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received. The records for the first six months of the year, for the organization, are being held by a government agency and we are unable to gain access to them.